Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			23				ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUME	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		. 2			X\$ 9=		OR	X\$18=	36
INDEPENDENT CLAIMS			3 minus 3 =		· Ø			X40=		OR	X80=	_
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	-
* If the difference in column 1 is less than zero, ente					r "0" in d	column 2	L	TOTAL		OR	TOTAL	746
CLAIMS AS AMENDED - PART II										011	OTHER	· /
		(Column 1)	(C) (T)	(Colu		(Column 3)		SMALL	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T () A !! 4	=		X40=		OR	X80=	
L	FIRST PRESE	NIATION OF M	JLTIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=	
		,					L	TOTAL	,		TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. FEE			ADDII. FEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* \	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	F CL AINA]=		X40=	-	OR	X80=	
<u> </u>	FINOT PHESE	NTATION OF IVI	JUIPLE DEF	ENDEN	CLAIN		,	+135=		OR	+270=	
							L	TOTAL DDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)_	(Column 3)	ĺ			•	ADDIT: I EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> -</u>	11	X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						┚┞	+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL ADDIT. FEE	
		mber Previously Pa iber Previously Pa					er four	nd in the app	ropriate box			